

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 19, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT Code 97799-CP for dates of service 12/02/02 through 12/30/02.

II. RATIONALE

- CPT Code 97799-CP for dates of service 12/02/02 through 12/30/02 denied as "M". The total number of hours injured worker spent in the Chronic Pain Management program was 75.25, as determined by the submitted HCFA-1500's. Per the EOB dated 2/18/03 the insurance carrier paid \$74.00 per hour; however, the requestor is seeking \$100.00 per hour. The requestor submitted a redacted EOB dated 1/16/03 that shows the same insurance carrier paid \$92.50 per hour for the same services. Per the 1996 Medical Fee Guideline, General Instructions (III)(A) submitted relevant information supports DOP criteria. Per Rule 413.011 reimbursement of \$1,114.52 (75.25 hours x \$92.50 = \$6,960.62 - \$5,846.00 (amount paid by carrier)) is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 97799-CP in the amount of \$1,114.52. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,114.52** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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